

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008150

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC8183744048**

**Entity Name:** FLORIDA SUPPORTIVE HOUSING COALITION, INC.

**Current Principal Place of Business:**

76 SOUTH LAURA STREET  
303  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

P.O. BOX 11242  
TALLAHASSEE, FL 32302 US

**FEI Number:** 26-0021281

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NAZWORTH, SHANNON P  
76 SOUTH LAURA STREET  
303  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NAZWORTH, SHANNON  
Address 76 SOUTH LAURA STREET  
303  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER  
Name HAMER, JANET  
Address MCFL3-066; 1060 W INTERNATIONAL  
SPEEDWAY BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

Title V  
Name GOLIK, OLGA  
Address 4175 WEST 20 AVE  
City-State-Zip: HIALEAH FL 33012

Title SECRETARY  
Name BARCUS, MARIA  
Address 2857 CHANCERY LANE  
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR  
Name CORDIAL, GAIL  
Address 8186 GLENMORE DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR  
Name JACK, HUMBURG  
Address 445 31ST STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33713

Title DIRECTOR  
Name MAHAR, KAREN  
Address 1603 NW 7TH AVE  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name NEWSON, SANDRA  
Address 155 SOUTH MIAMI AVE S 850  
City-State-Zip: MIAMI FL 33131

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHANNON NAZWORTH

**PRESIDENT**

**04/13/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FARMER, DANA  
Address 2473 CARE DRIVE SUITE 200  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name BEATON, JOY  
Address 2807 N. TAMiami TRAIL  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name WYCHE, DONNA  
Address 2002A MICHIGAN STREET  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR  
Name WICKMAN, MARK  
Address 7524 PLANTHE ROAD  
City-State-Zip: NEW PORT RITCHEY FL 34653

Title DIRECTOR  
Name FONTAINE, MARK  
Address 2868 MAHAN DRIVE SUITE 1  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name BROWN-WOOFER, MELANIE  
Address 316 E. PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name GRIFFIN, TOM  
Address 3000 5TH STREET  
City-State-Zip: ST. CLOUD FL 34769

Title DIRECTOR  
Name GOODEN-HILL, CORETTA  
Address 215 TADCASTER COURT  
City-State-Zip: ST. JOHNS FL 32259